Department of Psychiatry

Student Portfolio

Armed Forces College of Medicine

5^{th} Year

5+2

2022-2023

Personal information

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Glossary of Abbreviations

General Orientation to Your Portfolio

Medical student portfolios are used in a variety of ways to help institutions and students assess and track learner progress. In its original definition, a portfolio is a collection of drawings or papers that represent a compilation of your own work. Student portfolios can assist institutions to meaningfully display assessment evidence, enabling longitudinal tracking, and documentation of student achievement. With the appropriate supporting processes, portfolios can foster student skills in self-assessment and ongoing professional development

INFORMATION on Portfolio Sections:

I. **Educational Narrative**

II. **Cases: Write-Up & Reflections**

III. **Evidence-Based Medicine: Research Question of the Week**

IV. Self-Assessment of Clinical & Practical Skills

***DATA ENTRY*:**

I. **Clinical Cases**

II. **Video Based Mental Status Assessment**

III. **Selection of Evidence-Based Questions & your Research**

IV. **Clinical & Practical Skills Table**

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Glossary of Abbreviations

ASD	Autism Spectrum Disorder	**BPD**	Borderline Personality Disorder
MAD	Mixed Anxiety Depression	**CBT**	Cognitive Behavioral Therapy
ADHD	Attention deficit hyperactive disorder	**FH**	Family history
BAD	Bipolar affective disorder	**ID**	Identification/ Intellectual Disability
IQ	Intelligence quotient	**ODD**	Oppositional Defiant Disorder
CBL	Case Based Learning	**MDD**	Major depressive disorder
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CC	Chief Complaint	**NKDA**	No Known Drug Allergies
CI	Chief complaint of the informant	**OCD**	Obsessive compulsive disorder
CD	Conduct Disorder	**CNS**	Central Nervous system
DH	Drug history	**Past H**	Past history
EPS	Extra pyramidal side effects	**PMP**	Premorbid personality

What is a portfolio?

The student portfolio is the collection of student work that exhibits student's efforts, progress, and achievements in one or more areas".[1] Portfolios are collections over time that reflect a student's professional development, based on what has been learned in terms of learning outcomes.[2]

Your portfolio will act as a tool for recording your learning of professional and inter-professional practice. It also contains your ***reflective writing*** on significant learning events which demonstrate your developing competence (knowledge, technical skills, professional behaviour and communication skills, and intellectual reflections) towards your future professional practice.

Does this portfolio count towards my course qualification?

Yes. You must complete the required activities and reflections throughout this portfolio. Keep this document in a safe place and take it to all relevant clinical teaching sessions (Role Play and hospital activities).

How will my portfolio be assessed?

You will be required to temporarily submit this portfolio on the last day of block 1 for your mid-rotation feedback. You will receive back your portfolio on the first day of block 2, at which time you will have a brief meeting with course director and /or course facilitator). This is to provide you with ***formative feedback.*** Formative feedback is feedback about performance, intended as a way to enhance your ability to improve performance over time. ***This mid-rotation feedback will not count towards your final grade***, but should help guide you for the remaining sector of the rotation.

This portfolio therefore encourages a **multisource feedback system** of evaluation. Your final grade on the portfolio will be comprised of the following 4 Sections:

I. ***"Case Write-Ups & Reflections"***
II. ***Video Based Mental status Assessment***
III. **Evidence-based answer to the "*Research Question"***
IV. **Your self-assessment of "*Clinical & Practical Skills*", indicating whether you observed or practiced the skill, and your personal degree of comfort with that item**

This portfolio is worth 10% of your final grade (10 Marks) for this year's component of the course in psychiatry. Your portfolio will be formally assessed at the end of the rotation

A. Cases: Write-up and Reflections (2.5%)

During your 5th year of medical school, you will spend 2 blocks in psychiatry. In this period, you will be required to complete

a total of **1 detailed case with history & Full examinations** for this portfolio.

The following is the breakdown of the case required for completion of this portfolio:

1. Select **ONE patient** you interacted with in the hospital clinics or on the ward, you will write-up the patient's history, commenting on general appearance and behaviour, general attitude toward others, his way of speech, his mood, content of thinking and search for illogic perceptual phenomenon. Then write up his physical examination, investigations, and management. Please note, it is not necessary that you do the whole psychiatric exam yourself, as this may not be feasible in the clinical setting. In the case where your clinical supervisor examined the patient, please inquire about the exam findings. If you feel a specific component of the psychiatric exam was required, but not provided, please reflect upon that and indicate it in your case-summary. Finally, answer the case specific questions on communication and self-reflection outlined for you in this portfolio.

2. For confidentiality purposes, please do not write patients' full names or other identifying information in this portfolio. The patient data in your portfolio will have to be taken outside the hospital premises. **Please use patient initials only**.

3. While you are fulfilling your hospital-based requirement for this rotation, your peers will be at AFCM participating in multiple educational activities, including skill lab, CBL, lectures and discussion of clinical scenarios. **You will need to communicate with your peers to grasp the information you missed**. Please write summary of the items you discussed and the name(s) of the colleagues you worked with for this component, as indicated.

B Video Based Mental Status Assessment. (2.5%)

Your examination skills will be will be assessed on the items of mental status examination via observed assessment of your skills to elicit signs of mental disorders from clinical videos during block 2

You need to write down the items of your observed examination and include it in your portfolio

C. Evidence-Based Medicine (EBM): Research (5%)

Evidence-based medicine is the accepted paradigm for health care today. As our future health-care providers, you will be expected to provide excellent care to patients and their families based on the most up-to-date evidence in the Psychiatric literatures.

The **purpose of this exercise** is to learn and apply the principles of EBM, literature searching, evidence evaluation, and its application to clinical care. Questions that work best have a specific focus. As such, it is ***not*** the intent of this activity to ask you abstract questions, with too many articles to assess. At times, there is no evidence to answer the question. Indicate the sources you used to try answering the question, and the persistently controversial aspect of the topic, if applicable. Provide a brief discussion about what sort of research study design you would implement to answer the question.

From the list of possible topics, you will be assigned to one topic within your team. Research the topic and provide your evidence-based answer, with its references, in the relevant section of your portfolio.

D. Self-Assessment of Clinical and Practical Skills

Self-assessment forms an integral part of personal and professional growth. This allows you to document skills and

procedures you observed or practiced, and reflect on your comfort level. This is a ***longitudinal component of training***.3

Please complete the table provided for this section. Be truthful. Your experience and answers will help the course director and coordinator continuously develop the course for your peer

S ee your goal

U nderstand the obstacle

C reate a positive mental picture

C lear your mind of self-doubt

E mbrace your challenges

S tay on the track

S how the world you can do it

A. Cases: Write-Up and Reflection

Case:

Personal Data:

CC:

CI:

FH:

Menstrual History (If female):

DH:

Past H:

HPI:

Examination:

Conscious level:

General appearance and behaviours:

Speech:

Mood and affect:

Thinking:

1. Stream:
2. Form:
3. Content:
4. Control:
5. Abstraction and Judgment:

Perception:

Insight:

General examination:

Investigations:

Management:

Case (1)
HISTORY:

What did I do well?

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What could I improve in my history-taking skills?

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COMMUNICATION/ PROFESSIONAL SKILLS:

What did I do well?

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What could be improved?

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B. Video Based Mental Status Assessment

Please follow the items on your OSCE template while fulfilling items of MSE.

C. Evidence-Based Medicine (EBM): Research Question of the Week

ONE of the following topics will be assigned to your research team with your teaching supervisor. Detail your researched answers on the subsequent pages.

1. New Modalities for treating ADHD
2. Copy Cat Suicide
3. Copy Cat Violence
4. Ethical Dilemma in reporting suicidal & criminal acts on social media
5. Long term outcomes of ADHD: suicidal risk
6. Emergence of New Digital ADHD intervention tools.
7. Problems posed by werther effect as a net effect
8. The link between problematic internet use ,problematic gaming and psychological distress
9. Psychiatric profile and symptoms during COVID 19 pandemic.
10. Post COVID Psychiatric & neurocognitive sequels
11. Role of Neuroplasticity in management of mood disorders.

12. The role of Biomarkers in Psychiatry.
13. The impact of COVID 19 in the diagnosis and treatment of OCD
14. Updates of psychotherapy and pharmacotherapy in SUD
15. Family therapy in Psychiatry: Models and techniques
16. Psychedelic treatment for psychiatric disorders
17. Genetic factors may contribute to adverse effects produced by synthetic cannabinoids.
18. The co-occurrence between smoking and suicide
19. Novel Treatment Approaches for Schizophrenia
20. Link between exercise , cognition and Schizophrenia
21. Recent updates in treatment of resistant Schizophrenia.
22. Physical and mental health burden of caregivers of patients with Dementia
23. Alzheimer Dementia; the pathogenesis and management
24. Management of BAD in children and adolescents.
25. Borderpolar: patients with Borderline personality and bipolar disorder.
26. ECT: History of psychiatric controversy
27. Tele psychiatry in clinical practice
28. Risk and Resilience factors in Military youth and their families
29. Difficulties in diagnosis and treatment of geriatric Depression.
30. Does inflammation has a role in depression?
31. Blood Biomarker as a promising predictor of psychosis relapse
32. Hypotheses about ECT mechanism of action
33. Polypharmacy in psychiatric disorders.
34. Pathogenic & pathoplastic effect of culture on psychiatric disorders
35. Stigma against pandemics among health care workers
36. The Kraepelian concept of Schizophrenia: dying but not yet dead
37. Problematic internet use during COVID-19
38. Psychosocial impact of female genital mutilation
39. Burnout syndrome in medical students
40. Post COVID Sleep disturbances
41. Stigma against mentally ill patients
42. Factors affecting compliance/ adherence to treatment in mentally ill patients
43. Duration of untreated psychosis: Causes, impact on treatment & prognosis of mental illness
44. Neuroleptic malignant syndrome & malignant catatonia
45. Psychiatric interface with cancer

46. Epigenetic theory in psychiatric disorders
47. Gene therapy in psychiatric disorders
48. Personality profile & attitude towards COVID -19 vaccination
49. Attitude of patients with severe mental illness towards COVID -19 vaccination
50. Sexual dysfunction in female genital mutilation

Some sources you could consider include:

- Cochrane Database
- PubMed
- Medline
- Google Scholar
- Articles from peer-reviewed journals

Items to be fulfilled in the research:

1- Title
2- Name of student
3- Abstract (not more than 100 words)
4- Key words (not more than 6 words)
5- Introduction & Aim of work
6- Review & discussion
7- Conclusion
8- References.

- Summarize the research in a power point presentation

C. Clinical& practical skills: self-assessment

Adult assessment				
SKILL	**OBSERVED** (H=Hospital, C=AFCM)	**PRACTICED** (H=Hospital, C=AFCM)	**MY PERSONAL COMFORT LEVEL**	
			I feel comfortable performing this skill	**I feel I need supervision**
Take a detailed history				
Conduct an empathy and an ability to form a therapeutic alliance, to elicit valid and reliable information, including in potentially sensitive areas such as sexual history				
Exploring in details any history of substance abuse				
Attended performance of a general examination				
Attended performance of the conscious level and orientation examination (time, place and person)				
Attended performance of				

examining the attention and memory (recent and remote)				
Attended performance of examining general appearance and behavior				
Attended performance of Speech examination				
Attended performance of Mood examination				
Attended performance of affect examination				
Attended performance of the thought stream				
Attended performance of the thought content (delusion, obsessions, overvalued ideas, preoccupation) examination				
Attended performance of the form of thinking (circumstantiality, derailment, block , loose associations…..etc.) examination				
Attended performance of the perception (hallucinations (type), illusions.) examination				
Attended performance of the abstraction examination.				
Attended performance of the judgment examination				
Attended performance of				

the insight examination				
The ability to reach a provisional diagnosis and differential diagnosis				
The ability of dealing with emergencies and assessmentof the risk and need for hospitalization				
The ability of arranging a treatment plan				

A- CASE 1

Psychiatric case of substance abuse disorders

Staff supervisor

- **Dr.**fiby fayez

Personal history:

Basem Shawky Gamal is a 35 years old man. He is an Egyptian Muslim. He is married and has 2 children and the youngest is 3 years old. He lives in 5th may city .He works as an underwater photographer in Hurghada. He is the only boy of 2 sisters. He is a smoker .He started smoking at age

of 15 years old with one to two cigarettes per day.

Referral: **voluntary admission**

Complain: **جيت بنفسي المستشفى وانا عاوز ابطل مخدرات علشان عيلتي و مراتي**

Present history:

At age 15 Bassem started smoking his first cigarettes with his schoolmates. At first he was smoking 2 cigarettes / day after that he was smoking almost pack of cigarettes and sharing it with his peers. 2 years later at 2008 he started smoking of hemp (panjo). First dose with his friends (peer influence). After that he was euphoric and disoriented to anything around him. He started with one cigarette of panjo .He was taking his pocket money and spending it on smoking of panjo. He also stole money from his father to spend it on panjo. He continued on panjo for 2yrs with gradual increase of the dose (cigarettes) and he also started trial of Hashish with one cigarette

and quarter of tramadol pill which he assumed it makes him more powerful and active than usual. Then he gradually increased the dose of tramadol to one pill /day. He started to engaged in intimate relationships with multiple girls. At 2010 he started studying at faculty of commerce. Where he met new friends who encouraged him to stay up late at bars and to start drinking beer (Alcohol) with them. After 2yrs in the faculty one of his close friends influenced him to try heroin. He tried sniffing 2 lines of heroin but he didn't like it and it didn't make any effect or difference with him. At age of 21 he started to trade in Hashish and tramadol to make more money to spend it on hashish and tramadol. He was taking his father's car to transfer of hashish. When his father discovered that he was taking his car, his father decided to hide the key. So he made 18 copy of his father's car to take it every night to stay up late with his peers until his father discovered this again. At age of 22 at the

night before his last exam in the faculty he was sniffing heroin for the second time in his life but in this time he liked it and he felt of relaxation .On his way returning from faculty to the home he fell asleep suddenly and had an accident car .After 6 months of staying at hospital. His father knew everything about his addiction. After that he has multiple troubles and conflicts with his father so he left the home multiple times. So his father forced him to travel to Kingdom Saudi Of Arabia to work and live with his uncle and cousin. On his way to travel he started to experience some withdrawal symptoms like diarrhoea and light pain in his back. His last dose of heroin was on the plan .Then he stayed 2yrs free of heroin or other substances .Until he met an Egyptian friend there who offered to him tramadol pills. He assumed that would make him work more hours to gain more money from his job as a sales assistant. He also back to smoke one cigarette of hashish /day. After a short period he felt

that hashish hadn’t any effect on him. So he decided to return to sniff heroin again. But he described that it was the most powerful dose of heroin he ever had tried in his life and started gradually to increase dose of heroin again. After 6 months he decided to return to Egypt to marry the girl he loved and he returned with here to Kingdom Saudi of Arabia. After a short period his wife discovered that he is a heroin addict and he was taking tramadol pills. So she decided to support and help to eliminate him from his addiction. After stopping of heroin sniffing he suffered from severe withdrawal symptoms in the form of sweating, hallucination, shivering and sever pain. So he met his friend and decided to sniff heroin again. He spent almost of his money on sniffing heroin and taking tramadol pills with gradual increase of the dose to meet his craving needs. So he decided to steal some money from his work. So he forced his wife to tell the police that she witnessed the fabricated theft. After

that his wife left him and return to Egypt with his father where she delivered her first baby. His father decided to help him to return back to Egypt. In Egypt he stayed for 3 years free of any substances until he met one of his old friends who convinced him to try a small dose of heroin. At this period he engaged in troubles with his family and his wife. He was carless and abandoned his wife with 2 children. At the end he felt of guilt and realized of his consequences of his addiction, so he decided to try again to get rid of his addiction.

Family history:

His parents are living together. With a middle social class. His father is a military

officer and his mother is working at ministry of justice. His father is over protective. He has 2 sisters. He is the third of his siblings.

Educational record:

He studied at public school with average performance. He truant from secondary school multiple times to smoke cigarettes with his peers. He graduated from faculty of commerce.

Work record:

He worked as a underwater photographer in Hurghada and as s sales assistant in Kingdom Saudi Of Arabia.

Military service:

Exempted, because he is the only boy.

Psychosexual history:

- Gender identity: Male
- Gender orientation: Heterosexual

Marital history:

He is married for about 10 years and he has 2 children.

Past history:

-At age of 23 he had an orthopaedic surgery at Maadi military hospital and stayed at hospital for 6 months then discharge.

-Medications:

- **Qutapex 200mg**
- **Depakine 500mg**
- **Estikan**

Premorbid personality:

He is extrovert with large number of friends and multiple intimate relationship.

Examination

1- General appearance:

Middle aged male patient with average body built. Cooperative with good eye to eye contact. Fair grooming and good self-hygiene. No special gait or posture. No hallucinatory behaviour. Patient is setting calm with reactive facial expression.

-Special marks:

He has multiple scars on his face

due to a car accident

2-Speech:

Spontaneous, clear and coherent speech with average rate, average volume.

3-Mood and affect:

-Mood: Euthymic

-Affect: Reactive, congruent to his mood and stable affect

4-Thinking:

-Stream: Average stream of thinking

-form: No formal thoughts disorder (FTD)

-Content: No delusion. No suicidal ideation. No thoughts Control disorder. No phobia

5-Perception:

-No illusion

-No hallucination

6-Judgment: **Intact (fair)**

7-Cognition: The patient is fully conscious and oriented to time, place and person

-Memory:

- -Immediate memory: Intact
- -long term memory: Intact
- -short term memory: Intact

-Attention: Intact

-Concentration: Intact

8-Abstraction: fair

9-Insight:

The patient is aware that he is addict and want to be treated and to be free from substances. So he

voluntary admitted to the hospital.

-Provisional diagnosis:

Substance abuse disorder (Heroin).

Now he is in the recovery period and free of substance for 35 days.

Essay question:

- **Discuss Neurobiology of addiction?**

-Answer:

-**It involves multiple brain regions and neurotransmitters:**

1- **Reward pathway: Through mesolimbic dopamine system:**
-The pathway include Ventral Tegmental Area (VTA), Nucleus Accumbens (NA) and prefrontal cortex. So substance increases dopamine level in NA leading to feeling of pleasure

2-**Neurotransmitters: Dopamine is the main neurotransmitter in**

addiction.

In addition to other neurotransmitters like GABA, Serotonin and

Glutamate

3-**Neuroplasticity: Chronic drug use can induce neuroplastic changes in the brain. These changes increase addiction and drug seeking behaviour.**

B. Video Based Mental Status Assessment

Please follow the items on your OSCE template while fulfilling items of MSE.

C. Evidence-Based Medicine (EBM): Research

Name: ahmed ahmed Mohamed abdelmaksoud

Id :7022

Staff supervisor

- ***Dr.fiby fayez***

Management of OCD in children

What is obsessive-compulsive disorder in children?

- Obsessive-compulsive disorder (OCD) is a type of anxiety disorder. Obsessions are recurring thoughts. Compulsions are recurring behaviors.
- A child with OCD has obsessive thoughts that are not wanted. They are linked to fears, such as touching dirty objects. He or she uses compulsive rituals to control the fears, such as excessive hand washing
- When a child has OCD, obsessive thoughts and compulsive rituals can become very frequent and strong. They may interfere with daily living and normal development. OCD is more common in teens.

What causes OCD in a child?

- The cause of OCD is not known. Research suggests it's a brain problem . People with OCD don't have enough of a chemical called serotonin in their brain.
- OCD tends to run in families. So it may be genetic. But it may also occur without a family history of OCD. In some cases, pediatric autoimmune neuropsychiatric disorder associated with streptococcal infection. A child may be diagnosed with PANDAS when: Obsessive-compulsive disorder (OCD), tic disorder, or both suddenly appear following a streptococcal (strep) infection, such as strep throat or ***scarlet fever***

What are the symptoms of OCD in a child?

Each child may have different symptoms. These are the most common symptoms:

- An extreme obsession with dirt or germs
- Repeated doubts, such as whether or not the door is locked
- Interfering thoughts about violence, hurting or killing someone, or harming oneself
- Long periods of time spent touching things, counting, and thinking about numbers and sequences
- Preoccupation with order, symmetry, or exactness
- Ongoing thoughts about doing offensive sexual acts or forbidden, taboo behaviors
- Troubled by thoughts that are against personal religious beliefs
- A great need to know or remember things that may be very minor
- Too much attention to detail
- Too much worrying about something bad occurring

- Aggressive thoughts, urges, or behaviors

Compulsive behaviors are the repetitive rituals used to ease anxiety caused by the obsessions. They can be excessive, disruptive, and time-consuming. They may interfere with daily activities and relationships. They may include:

- Repeated handwashing (often 100 or more times a day)
- Checking and rechecking many times, such as making sure that a door is locked
- Following firm rules of order, such as putting on clothes in the very same order each day
- Hoarding objects
- Counting and recounting a lot
- Grouping objects or putting things in a certain order
- Repeating words spoken by oneself or others
- Asking the same questions again and again
- Repeatedly using four-letter words or making rude (obscene) gestures
- Repeating sounds, words, numbers, or music to oneself

How is OCD diagnosed in a child?

- A child psychiatrist or other mental health expert can diagnose OCD. He or she will do a mental health evaluation of your child. To be diagnosed with OCD, your child must have obsessions and compulsions that are continuous, severe, and disruptive. They must harm your child’s day-to-day living.
- In most cases, the activities of OCD such as handwashing or checking the locks on doors use up more than 1 hour each day. They also cause mental health distress and affect how your child thinks. In most cases, adults realize that their actions are not normal to some degree. But often children can't see that their behavior is irrational and abnormal

How is OCD treated in a child?

Treatment will depend on your child’s symptoms, age, and general health. It will also depend on how severe the condition is.

Treatment for OCD often includes a combination of the following:

- **Therapy with cognitive and behavioral methods.** Cognitive methods help a child identify and understand his or her fears. They also teach a child new ways to better resolve or reduce those fears. Behavioral methods help the child and their family make pacts or rules to limit or change behaviors. One example is setting a maximum number of times a compulsive handwasher may wash his or her hands.
- **Family therapy.** Parents play a vital role in any treatment process. A child’s school may also be included in care.
- **Selective serotonin reuptake inhibitors (SSRIs).** These medicines help raise serotonin levels in the brain.
- **Antibiotics.** Your child may need these medicines if his or her OCD is found to be linked to a streptococcal infection.

How can I help my child live with OCD?

OCD can be treated, often with a combination of one-on-one therapy and medicines. You play a key supportive role in your child’s treatment. Here are things you can do to help your child:

- Keep all appointments with your child’s healthcare provider.
- Talk with your child’s healthcare provider about other providers who will be included in your child’s care. Your child may get care from a team that may include counselors, therapists, social workers, psychologists, and psychiatrists. Your child’s care team will depend on your child’s needs and how serious the OCD is.

- Keep strong and open lines of communication with your child. Children with OCD can feel embarrassed about their disorder.
- Tell others about your child’s disorder. Work with your child’s healthcare provider and school to create a treatment plan.
- Reach out for support from local community services. Being in touch with other parents who have a child with OCD may be help

Thank you